

EXHIBIT A-1

July 12, 2021
Urb. Jardines de C. Club
Calle 12 R-1
Carolina 00983

Re:

RECEIVED
JUL 21 2021
PRIME CLERK LLC

Zoraida Chevere Fraguada

SS: 2905 – Tel. 787 988 – 9360

Honorable Court:

I would like this Honorable Court to reconsider my salary adjustment and not dismiss my case.

For 10 years we have been waiting for the payment of 75% of what is owed. The Honorable Superior Court Judge Rebecca de Leon ordered the employer to pay all claimants, and in 2012 I received a partial payment of 25% of the above-mentioned salary, of which 75% is owed me.

It is worth pointing out that [...]



page 2

[...] merit steps are evaluated for salary adjustments, SS readjustments, and my pension. For this reason, I continue as an active participant in this case under the Promesa Act. I request that my case be taken into consideration for evaluation so that I can be paid what is owed to me. I am sending proof that the total owed is 35,000.00.

The case is Nilda A. Agosto Maldonado v. Commonwealth of Puerto Rico, Department of the Family, et al., Civil Case no. KPE 2005-0608, regarding salary claim.

Zoraida Chevere Fraguada

787 – 988 - 9360

FAMILY

Assistant Secretary

Human Resources and Labor Relations

November 2, 2012

Chévere Fraguada, Zoraida

Administration of Family and Children

Re: Nilda Agosto, et al. KPE-2005-0608

Dear Colleague:

You are a plaintiff in the case of Nilda Agosto, et al. v. Department of the Family, Federal Minimum Wage Case.

Notwithstanding the foregoing, and in order to reduce the debt resulting from this claim originated for the year 2005, the Office of Management and Budget has identified some items within the savings accounts of the Department of the Family to be credited to your claim in the lawsuit referred to above. Enclosed with this letter you will receive a check in the amount of \$11,734.03 equivalent to 25% of the total payment to which you are entitled under the terms of the judgment. Only Social Security and Contributions are being deducted from this check.

We acknowledge that this advance does not represent full payment, but rather a good faith payment for the purpose of reducing the amount owed.

If you do not agree with the amount received, you will have 10 days to file a claim with the Assistant Secretary for Human Resources and Labor Relations.

Cordially yours,

[signature]

Maria Luisa Torres Colon

Assistant Secretary

Lila Mayoral Building, 306 Barbosa Ave.

P O Box 11398, San Juan, PR 00910-1398 / Tel. (787) 294-4900 Exts.: 2358 / 2359 / Fax (787) 765-1743

Case:17-03283-LTS Doc#:17108 Filed:06/18/21 Entered:06/18/21 19:10:36 Desc: Main Document Page 1 of 20
SRF 54595 Response Deadline: July 19, 2021, at 4:00 PM (Atlantic Standard Time)
Hearing Date: August 4, 2021, at 9:30 AM (Atlantic Standard Time)

PLEASE CAREFULLY REVIEW THIS OBJECTION AND THE ATTACHMENTS HERETO
TO DETERMINE WHETHER THE OBJECTION AFFECTS YOUR CLAIM(S).

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

In re:

THE FINANCIAL OVERSIGHT AND
MANAGEMENT BOARD FOR PUERTO RICO,

as representative of

THE COMMONWEALTH OF PUERTO RICO, *et*
al.,

Debtors.¹

PROMESA

Title III

No. 17 BK 3283-LTS

(Jointly Administered)

This filing relates to the
Commonwealth, HTA and ERS.

THREE HUNDRED FORTY-FIFTH OMNIBUS OBJECTION (SUBSTANTIVE) OF
THE COMMONWEALTH OF PUERTO RICO, THE PUERTO RICO HIGHWAYS AND
TRANSPORTATION AUTHORITY, AND THE EMPLOYEES RETIREMENT SYSTEM
OF THE GOVERNMENT OF THE COMMONWEALTH OF PUERTO RICO TO
MISCLASSIFIED CLAIMS

To the Honorable United States District Court Judge Laura Taylor Swain:

The Commonwealth of Puerto Rico (the "Commonwealth"), the Puerto Rico Highways
and Transportation Authority ("HTA"), and the Employees Retirement System of the Government

¹ The Debtors in these Title III Cases, along with each Debtor's respective Title III case number and the last four (4) digits of each Debtor's federal tax identification number, as applicable, are the (i) Commonwealth of Puerto Rico (the "Commonwealth") (Bankruptcy Case No. 17 BK 3283-LTS) (Last Four Digits of Federal Tax ID: 3481); (ii) Puerto Rico Sales Tax Financing Corporation ("COFINA") (Bankruptcy Case No. 17 BK 3284-LTS) (Last Four Digits of Federal Tax ID: 8474); (iii) Puerto Rico Highways and Transportation Authority ("HTA") (Bankruptcy Case No. 17 BK 3567-LTS) (Last Four Digits of Federal Tax ID: 3808); (iv) Employees Retirement System of the Government of the Commonwealth of Puerto Rico ("ERS") (Bankruptcy Case No. 17 BK 3566-LTS) (Last Four Digits of Federal Tax ID: 9686); (v) Puerto Rico Electric Power Authority ("PREPA") (Bankruptcy Case No. 17 BK 4780-LTS) (Last Four Digits of Federal Tax ID: 3747); and (vi) Puerto Rico Public Buildings Authority ("PBA"), and together with the Commonwealth, COFINA, HTA, ERS, and PREPA, the "Debtors") (Bankruptcy Case No. 19-BK-5523-LTS) (Last Four Digits of Federal Tax ID: 3801) (Title III case numbers are listed as Bankruptcy Case numbers due to software limitations).

Case:17-03283-LTS Doc#:17108 Filed:06/18/21 Entered:06/18/21 19:10:36 Desc: Main
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of the Commonwealth of Puerto Rico ("ERS," and together with the Commonwealth and HTA, the "Debtors"), by and through the Financial Oversight and Management Board for Puerto Rico (the "Oversight Board"), as sole Title III representative pursuant to section 315(b) of the *Puerto Rico Oversight, Management, and Economic Stability Act* ("PROMESA"),² files this three hundred forty-fifth omnibus objection (the "Three Hundred Forty-Fifth Omnibus Objection") to the misclassified proofs of claim listed on Exhibit A hereto, and in support of the Three Hundred Forty-Fifth Omnibus Objection, respectfully represent as follows:

JURISDICTION

1. The United States District Court for the District of Puerto Rico has subject matter jurisdiction to consider this matter and the relief requested herein pursuant to PROMESA section 306(a).
2. Venue is proper in this district pursuant to PROMESA section 307(a).

BACKGROUND

A. The Bar Date Orders

3. On May 3, 2017, the Oversight Board issued a restructuring certification pursuant to PROMESA sections 104(j) and 206 and filed a voluntary petition for relief for the Commonwealth of Puerto Rico (the "Commonwealth") pursuant to PROMESA section 304(a), commencing a case under Title III thereof (the "Commonwealth Title III Case"). On May 21, 2017, the Oversight Board issued restructuring certifications pursuant to PROMESA sections 104(j) and 206 and filed voluntary petitions for relief for HTA and ERS pursuant to PROMESA section 304(a), commencing cases under Title III thereof (respectively, the "HTA Title III Case")

² PROMESA is codified at 48 U.S.C. §§ 2101-2241.

[handwritten:] 3

May 15, 2018

Commonwealth of Puerto Rico Claims Processing Center
c/o Prime Clerk LLC Grand Central Station
PO Box 4708
New York, NY 10163-4708

Promesa Title III

Case No. 17 BK 3283-LTS

Dear Officials:

I, the undersigned, Zorayda Chevere Fraguada, of legal age, American citizen and currently retired from the Administration of Families and Children (ADFAN), Department of the Family of the Commonwealth of Puerto Rico, hereby state that I am a party among those listed as plaintiffs, in the case of Nilda A. Agosto Maldonado V. Commonwealth of Puerto Rico, Department of the Family, et al., (Civil No. KPE 2005-0608), regarding wage claims.

I also put on record that on September 16, 2018, the Hon. Superior Judge, Rebecca de León Ríos, ordered the employer to pay all the plaintiffs the wages owed, and it was not until November 2012, that we received a partial payment of 25%, of said salary as reported by the Dept. of the Family. No calculation or official document was ever shown to us in this regard.

For the record, I hereby submit:

1. Copy of the judgment entered on September 16, 2010, by the Hon. Superior Judge of San Juan, ordering the payment of the salaries owed to the plaintiffs with the Addendum that includes the list of the names of the plaintiffs, where, on page 17, my name appears as #128.
2. Evidence of payment received for 25% of the debt, showing in the document indicating the number of the check issued, amount of the payment received with the corresponding deductions applied.

1. Letter sent on August 25, 2016, to Hon. Jesus Manuel Ortiz, Secretary for the Office of Public Affairs at La Fortaleza, requesting his intervention in ensuring that the remaining 75% of the salaries owed to us are paid.
2. A copy of this letter was also taken for the same purpose to the offices of Hon. Senator Roxana Lopez, with whom we met in the office of Marangely Medina, Esq., Director of Labor Affairs at La Fortaleza, and with Lilliam Pecunia Esq., Director of Social Welfare Affairs, to no avail.

It is important to note that once the payment due to us is made, this will affect the pension amounts and social security we receive. In addition, the interest accrued on this money during the applicable years should be calculated since it is also owed to us. I request that I be paid merit steps that I was recommended for and were never granted, per diems, vacations and any other debt that is pending payment.

For this purpose, I am submitting the claim documents corresponding to "Schedule D and Schedule E-Case No. -17 bk-03283" and "Schedule E-Case No.17-bk- 03566."

Although the attorneys in the Wage Claim lawsuit received a Schedule H notice which they will be filing and documenting to send, I am submitting this letter and filing the above-mentioned Schedule claims because I am interested in continuing as an active party in the Promesa Act case and having my claim considered.

Sincerely yours,

[signature]

Zorayda Chevere Fraguada

Social Security: XXX-XX-2905

Telephone: 787-988-9360

Mailing Address

Street #12, R-1

Jardines C. C, Carolina, PR. 00983

You may also submit your claim electronically by visiting <http://cases.primeclerk.com/puertorico/EPOC-Index>

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input checked="" type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

MMLID: 88983

EPOC ID: 170328300875862

Debtor Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule E -- Employee Obligations as a Contingent, Unliquidated general unsecured claim in an Undetermined amount. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule E -- Obligaciones de Empleados como un reclamo Contingente, Sin liquidez no asegurado por un monto Indeterminado. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado
Proof of Claim / Evidencia de reclamación

COPY

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1	Identify the Claim / Identificar la reclamación
1. Who is the current creditor?	
¿Quién es el acreedor actual?	CHEVERE FRASUADA, ZORAIDA
	Name of the current creditor (the person or entity to be paid for this claim) Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)
	Other names the creditor used with the debtor Otros nombres que el acreedor usó con el deudor

MAY 23 2018

PRIME CLERK LLC

RECEIVED

MAY 24 2018

PRIME CLERK LLC

Modified Official Form 410

Proof of Claim



170328300875862

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<p>2. Has this claim been acquired from someone else?</p> <p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? <u>Sí. ¿De quién?</u> _____</p> <p>¿Esta reclamación se ha adquirido de otra persona?</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> <p>¿A dónde deberían enviarse las notificaciones al acreedor?</p> <p>Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?</p> <p>Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)</p> <p>289</p> <p><u>ZORAIDA CHEVERE FRASUADA</u> Name / Nombre <u>URB. JARDINES C. CLUB</u> <u>CALLE 12 R-1</u> Number / Número Street / Calle <u>CAROLINA PR.</u> <u>00983</u> City / Ciudad State / Estado ZIP Code / Código postal</p> <p><u>787-988-9360-276-0627</u> Contact phone / Teléfono de contacto</p> <p><u>ZORY CHEVERE 2013@Smail.com</u> Contact email / Correo electrónico de contacto</p>
<p>4. Does this claim amend one already filed?</p> <p>¿Esta reclamación es una enmienda de otra presentada anteriormente?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo)</u> _____ Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)</p>
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p> <p>¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? <u>Sí. ¿Quién hizo la reclamación anterior?</u> _____</p>

Part 2 / Parte 2:

Give Information About the Claim as of the Petition Date

Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.

<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico?</p> <p>¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primeclerk.com/puertorico/.) <u>Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primeclerk.com/puertorico/).</u></p> <p><u>Administration for Families and Children – Department of the Family, Secretary of the Family</u></p>
<p>7. Do you supply goods and / or services to the government?</p> <p>¿Proporciona bienes y / o servicios al gobierno?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación:</p> <p>Vendor / Contract Number Número de proveedor / contrato: _____</p> <p>List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ _____</p>

Modified Official Form 410

Proof of Claim

page 2

8. How much is the claim? ¿Cuál es el importe de la reclamación?	\$ 35,000.00	Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).
9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p> <p><u>Salary adjustment claim</u></p>	
10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p>Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos <input type="checkbox"/> Other. Describe: Otro. Describir: <u>adjustment of salary by hours</u></p> <p>Basis for perfection / F <u>I am attaching letters showing the actions taken</u></p> <p>been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.</p> <p>Value of property / Valor del bien: \$ _____ Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ _____ Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.) Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____ Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ % <input type="checkbox"/> Fixed / F ja <input type="checkbox"/> Variable / Variable</p>	
11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____</p>	

Modified Official Form 410

Proof of Claim

page 3

U0505 v.01 02.15.2018



8. How much is the claim? ¿Cuál es el importe de la reclamación?	\$ 35,000.00	Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).
9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposos, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica. <u>Salary adjustment claim</u>	
10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien. Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos <input type="checkbox"/> Other. Describe: <u>adjustment of salary by hours</u> Otro. Describir: _____ Basis for perfection / Fundamento de la realización de pasos adicionales: _____ <u>I am attaching letters showing the actions taken</u> (Example: a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención. Value of property / Valor del bien: \$ _____ Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ _____ Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.) Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____ Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ % <input type="checkbox"/> Fixed / Fija <input type="checkbox"/> Variable / Variable	
11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____	

Modified Official Form 410

Proof of Claim

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U0505 v.01 02.15.2018



IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
CHEVERE FRAGUADA, ZORAIDA	20600	5/22/2018	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$35,000.00
Reason:	Proof of Claim asserts liability associated with pension adjustments that claimant asserts are payable by ERS. However, pursuant to the Post-Petition Legislation, the Commonwealth assumed any obligation to make payment to pensioners or other beneficiaries of ERS.			

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO POR LA RAZÓN INDICADA AQUÍ ABAJO.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
CHEVERE FRAGUADA, ZORAIDA	20600	5/22/2018	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$35,000.00
Base para:	La Evidencia de Reclamo reclama una obligación asociada a ajustes de jubilación que el demandante señala que es adeudada por el ERS. Sin embargo, de acuerdo con la Legislación posterior a la petición, el Estado Libre Asociado asumió cualquier obligación de efectuar pagos a jubilados u otros beneficiarios del ERS.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.primeclerk.com/puertorico>. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en <https://cases.primeclerk.com/puertorico>. Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).

***CUST PR 1845 SRF 54642 PackID: 99 MMLID: 1155823-P Svc: 337
CHEVERE FRAGUADA, ZORAIDA
JARD DE COUNTRY CLUB
R1 CALLE 12
CAROLINA PR 00983-1759

IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING
TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
CHEVERE FRAGUADA, ZORAIDA	20773	5/22/2018	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$35,000.00
Reason:	The claimant failed to provide prima facie evidence to support a secured claim.			

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN
QUE SU RECLAMO SEA RECHAZADO POR LA RAZÓN INDICADA AQUÍ ABAJO.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
CHEVERE FRAGUADA, ZORAIDA	20773	5/22/2018	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$35,000.00
Base para:	El demandante omitió proporcionar pruebas evidentes para apoyar un reclamo asegurado.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.primeclerk.com/puertorico>. **If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).**

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en <https://cases.primeclerk.com/puertorico>. **Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).**

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JUDGMENT

K PE 2005-0608

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75. BIRRIEL URDAZ, NURI I.	76. BLANCO SOTO, MARIA A.
77. BONILLA CHISTIAN, ZAIDA	78. BORGOS DIAZ, MYRNA L.
79. BORGOS LEÓN LAURA	80. BORJA CLEMENTE, SAMUEL
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89. CABAN ACEVEDO, JULIA A.	90. CABAN ARROYO, HERIBERTO
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101. CAMACHO PEREZ, JUDITH	102. CAMARERO COLON, JOSE L.
103. CANTRES APONTE, CARMEN S.	104. CARABALLO ORTIZ, LUIS A.
105. CARDONA MEDINA, WILSON	106. CARDONA SANTANA, GAMALIER
107. CARDONA SERRANO, ROSA I.	108. CARRASCO BAQUERO, MARIA L.
109. CARRASQUILLO DIAZ, YOLANDA	110. CARRASQUILLO MULERO, ROSITA
111. CARRASQUILLO PACHECO, LOYDA G.	112. CARRASQUILLO ROMAN, SONIA
113. CARRASQUILLO SANTIAGO, CARMEN R.	114. CARRERO LOPEZ, DAVID
115. CARRILLO FIGUEROA, ELIZABETH	116. CARRION CASTRO, MARGARITA I.
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149. CORDERO AVILA, ANGEL G.	150. CORDERO FERNANDEZ, MARIA J.



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TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)
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I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 24315**

Signed this 17th day of August 2021



Verify at www.atanet.org/verify

A handwritten signature in blue ink, appearing to read 'Andreea I. Boscor'.

Andreea I. Boscor

